



The Journal of Sociology & Social Welfare

Volume 44
Issue 2 June

Article 8

2017

The Impact of Dysfunctional Families and Sexual Abuse on the Psychological Well-being of Adolescent Females in Eastern Cape, South Africa: A Research Note

Jabulani G. Kheswa
University of Fort Hare, jkheswa@ufh.ac.za

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>



Part of the Social Work Commons

Recommended Citation

Kheswa, Jabulani G. (2017) "The Impact of Dysfunctional Families and Sexual Abuse on the Psychological Well-being of Adolescent Females in Eastern Cape, South Africa: A Research Note," *The Journal of Sociology & Social Welfare*: Vol. 44 : Iss. 2 , Article 8.
Available at: <https://scholarworks.wmich.edu/jssw/vol44/iss2/8>

This Article is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.



The Impact of Dysfunctional Families and Sexual Abuse on the Psychological Well-being of Adolescent Females in Eastern Cape, South Africa: A Research Note

Cover Page Footnote

This research was financially supported by Govan Mbeki Research Development Centre and made possible by adolescent females attending one secondary school in Alice, who participated in this study.

The Impact of Dysfunctional Families and Sexual Abuse on the Psychological Well-being of Adolescent Females in Eastern Cape, South Africa: A Research Note

Jabulani G. Kheswa
University of Fort Hare

Owing to fear to report abuse to significant others (e.g., educators), research highlighted that abused female youth tend to be submissive and experience impaired self-acceptance and negative relationships with others. The aim of the study was to investigate the circumstances under which sexually abused adolescent females engage in risk-taking activities. The research used a qualitative method to collect data from 8 purposively sampled participants (aged 15-18 years) from one secondary school in Eastern Cape, South Africa. Results indicated that sexually abused youth are susceptible to neuroticism and substance abuse. In recommendation, the community should be pro-active in ending abuse.

Key words: dysfunctional family, adolescent females, sexual abuse, alcohol, South Africa

In recent years there has been a considerable increase in the number of female adolescent sexual abuse cases reported in South Africa, and these cases demonstrate the severity of the phenomenon that continues to impair their psychological well-being (Human Sciences Research Council, 2010). Ismail, Taliep and Suffla (2012) reported that in the Eastern Cape Province, 39.1% of women reported experiencing sexual abuse before they reached eighteen years of age. According to the South African Police Services (SAPS), analysis of the national crime statistics showed that the crime ratio was 127 per 100,000 in

the population for reported sexual offenses, including sexual assault, acts of consensual sexual penetration with children ranging from 12 to 16 years of age, and date rape (South African Police Services, 2013). The World Health Organization (2010) described sexual abuse as the involvement of a minor (i.e., a person below the age of 18) in a sexual activity that she does not fully realize, nor gives informed consent to, or for which she is not sexually and mentally prepared. According to the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, this constitutes a criminal offence and violation of human rights.

Literature identified dysfunctional families (e.g., divorce, substance abuse by parents, poor socioeconomic status, permissive parenting styles) amongst deleterious factors that contribute to sexually-risky behavior of female adolescents, especially in households having step-parents (Donald, Lazarus, & Moolla, 2014). For example, in Gauteng province in 2010, the Gender Link and Medical Research Council found that almost 3 in 12 female adolescents have been sexually abused by their fathers, uncle and grandfathers (Vetten, 2014). Mitchell, Ybarra and Korchmaros (2014) described incest as any sexual activity between close blood relatives, including step-relatives and family members, who are forbidden by law to marry. Furthermore, owing to an erosion of traditional values and disorganized communities, Meinck, Cluver, Boyes, and Mhlongo (2015) found that in Sub-Saharan countries, sexual abuse is rife because of the myth that sleeping with a virgin cures HIV/AIDS.

There is a general trend amongst the abused adolescent females to engage in at-risk behaviors when the family is deficient in providing security, support and guidance for their physical, cognitive, moral, social and spiritual development (Holborn & Eddy, 2011). In contrast, female adolescents whose parents provided a warm, loving and nurturing environment have been associated with optimism, courage and coping skills when faced with situations leading to risk-taking behavior (Cox, 2014). According to Blum and Rinehart (1997), parents' values about adolescents' sexual intercourse tend to decrease the risk of female adolescents' sexual abuse. For example, studies conducted in Limpopo showed that adolescents whose parents were clear about the value of delaying sex were not sexually promiscuous

(Berglas, Brindis, & Cohen, 2003). Consistent with a resilience perspective, researchers found that such adolescent females have positive self-concepts and do not use alcohol and practice unsafe sex, owing to their goals, hopes and aspirations for the future, as compared to their counterparts with low self-esteem (Ungar, Liebenberg, Dudding, Armstrong, & Van de Vijver, 2013).

Evidence showed that in sub-Saharan countries such as Kenya, Namibia, and Zimbabwe, adolescent females lack empowerment in the domains of cognitive stimulation (as opposed to adherence to patriarchy), and as a result, they often report poor psychological well-being, alcohol and drug abuse, intimate partner violence and school-dropout (UNICEF, 2014). Psychological well-being is an integrative concept with six dimensions: autonomy; environmental mastery; personal growth; positive relationships with others; purpose in life; and self-acceptance (Ryff & Keyes, 1995; Wissing & Temane, 2008). When psychological well-being is thwarted, adolescent females are likely to develop neuroticism, negative self-image, stress, and anxiety. Furthermore, they are likely to become emotionally detached and socially withdrawn (Engler, 2014). Owing to their vulnerability, female adolescents who experienced abuse in early stages of their lives have been found to have low self-esteem and have become submissive to abusive sexual partners. As a result of this, they carry feelings of shame, guilt, helplessness, and hopelessness (Collishaw et al., 2007; Kheswa & Mahlalela, 2014).

Theoretical Framework

Murray Bowen introduced the family systems theory and described families as systems that entail united and mutually dependent individuals who cannot be understood in isolation from the system (Swartz, De la Rey, Duncan, & Townsend, 2013). Austin and colleagues (2012) emphasized that the interaction and communication within the system is important and could serve as a buffer against adolescent females' sexual abuse, including incest. Closely linked to family systems is Bowlby's attachment theory (1998), in which insecure bonds between adolescent females and their family members play a role in mediating sexual abuse, as there is no closeness and trust amongst them (Jones & Butman, 2011). This creates an opportunity for

adolescent females to be sexually abused within the family (Postmus, 2012). According to Vis, Handegård, Holtan, Fossum and Thørnblad (2014), for fear of stigmatization and reprisal, parents tend not to believe their daughters when they report sexual abuse, and very often these adolescent females languish. To cover emotional inadequacies, they enter into relationships characterized by violence because their sense of self-worth is depleted (Comer, 2013). Further, they experience heightened rates of alexithymia (Pecukonis, 2009). Alexithymia refers to emotional dysregulation, and it is characterized by pessimism and difficulties in controlling cognitive, affective, physiological and interpersonal functioning (Sharma, 2014). Because of such experiences, they have been reported to experience repression, paranoid ideations, and posttraumatic stress disorder (PTSD) (Sigurdardottir, Halldorsdottir & Bender, 2013).

Against this background, this research intended to answer the following questions: (1) Under which circumstances do adolescent females become sexually abused? (2) What impact does a dysfunctional family have on adolescent females' psychological well-being? and (3) What preventative measures do adolescent females take against sexual abuse?

Methodology

The researcher conducted in-person face-to-face interviews with 8 respondents who represented the population of adolescent females aged between 14 and 19 years attending one secondary school in Alice, Eastern Cape, which has an existing relationship with the university at which the author is employed. Non-probability sampling was used to purposively sample the eight participants. Welman, Kruger and Mitchell (2015) described purposive sampling as a technique in which the researcher selects participants who share the same knowledge or experiences about a phenomenon of interest.

Ethical Considerations

As suggested by Marlow and Boone (2011), the participants were of the same gender and shared the same cultural composition and experiences (e.g., sexual abuse) to ensure the rigor of the

study. The school principal gave consent for the research project. The school principal assigned the Life-Orientation's Head of Department (HOD) to provide a list of female learners with a history of child sexual abuse. The Life-Orientation HOD did not assist in identifying the participants beyond providing the list of learners with myriad sexual abuse encounters to the principal. However, prior to the research, the HOD had informed the learners about the research project during lessons. The participants were assured of anonymity and confidentiality, and they were not required to mention their names during the interview. Acknowledging the sensitivity of the topic, the interview was conducted in one of the offices designated by the principal, and neither the educators nor learners saw the participants. Most importantly, this research was conducted during extra-curricular activities in order to allow for confidentiality.

The research respondents were given consent forms to sign and no respondents were coerced into participating in the study. All respondents participated voluntarily. The adolescent females were given an opportunity to withdraw at any point during the research study if they wished to do so. Confidentiality and anonymity were ensured, as the researcher did not ask the participants to provide their names on the open-ended questionnaires.

After the interviews, the researcher, who is a qualified educator and a specialist in adolescent guidance and counseling, debriefed all eight participants to ensure that they did not become traumatized by having reawakened their ordeal, as suggested by Johnson-Russell and Bailey (2010) in previous research.

Trustworthiness

In pursuit of trustworthiness, four criteria suggested by Guba (1981) were followed, namely, credibility, transferability, dependability and confirmability. Credibility seeks to ensure that the research measures what is intended to measure (De Vos, Delpont, Fouché, & Strydom, 2011) and the researcher's sample was purposive. According to Finfgeld-Connett (2010), transferability refers to a process of applying the results of research in one situation to other similar situations. To achieve this, the researcher compared the findings of the results to those reported by previous scholars. In terms of dependability, the results of the research should strive

for consistency and ability to be repeated (Houghton, Casey, Shaw, & Murphy, 2013). This was achieved through a dense explanation of the research methodology utilized to conduct the study and through data analysis. Interviews were transcribed and translated verbatim, after which it was arranged into themes. The researcher reported in detail the responses given by the respondents. Confirmability as described by Houghton et al. (2013) means that the researcher should not show bias by only reporting the findings that suit his or her research objectives. As suggested by Krefting (1991), confirmability was ensured through an audit trail of the verbatim transcriptions and themes.

Results

After thorough coding of the responses, seven themes were identified: incest; avoidance of physical assaults; substance abuse; teen-parent sexual communication; neuroticism; academic performance; and legal processes.

Incest. The majority of the respondents stated that sexual abuse among adolescent females occurs even within the family setting. Regarding the question "How did you experience the sexual abuse?" the respondents reported the following:

My mother was always away, which left me vulnerable. Every time she was gone, I was forced to take her place as my father would rape me. [Age 15]

My cousin's brother would touch me and have sex with me when my mother was at the tavern. [Age 18]

I experienced sexual abuse when I was 14 years when I was visiting my uncle's house. My uncle would rape me repeatedly. [Age 16]

I was sexually abused by a close member of my family who used to come over daily; he used to convince my parents that he could baby-sit me, and when we were alone, he would rape me. [Age 14]

Avoidance of physical assaults. The respondents highlighted that they were scared of physical and emotional abuse, thus, they succumbed to sexual abuse, especially when their perpetrators were under the influence of alcohol. It was clear from their narratives that the participants have been socialized to not discuss the sexual harassment. Their fears are evident in the extracts below:

My uncle is always drunk; he was very abusive towards his wife. He would actually touch my bums when he is drunk. [Age 17]

My boyfriend would force me to have sex with him when he came back from drinking at the tavern. [Age 18]

Substance abuse. Female adolescents expressed that substance abuse was one of the contributory factors that influenced their experience of sexual abuse. In the cases here, the young women identify their own alcohol consumption as the reason they were abused.

Drinking alcohol was the cause of me being sexually abused; my friends were also pressuring me to go out and drink with them. [Age 16]

Too much drinking of alcohol is the reason for me being a victim of sexual abuse. [Age 14]

Teen-parent sex communication. The statements below give evidence of how impermeable communication about sex is between parents and female adolescents in an era where young people should be entitled to information, education and the right to express their sexuality.

My family members are old-fashioned, so we never talk much about sexual relationships. They just tell me to have sex when I am married. [Age 14]

No, we do not talk about sexual relationships; they do not care about it, because when I try to talk about sexual relationships they ignore the topic. [Age 15]

No, we don't even talk about sex and relationships with my parents. I only talk with my friends and sisters. [Age 16]

The communication with my family is always general; we do not discuss about sexual things. [Age 18]

Neuroticism. In the study conducted, it is evident that female adolescents who have been sexually abused displayed psycho-emotional effects which include depression, low self-esteem and self-blame, as they expressed in the following:

I did blame myself, and I isolated myself because many people told me about him, but I did not listen. [Age 14]

I always cried, because it felt like he was controlling. I blamed myself for letting the rape happen. [Age 17]

It affected my daily functioning and my self-esteem and I cried all the time when I thought about it; I felt guilty and blamed myself. [Age 16]

After being raped, I was depressed and felt like my childhood was taken away from me at a very young age. I began to isolate myself because I was scared of people making fun of me. [Age 17]

Academic performance. Sexual abuse has repercussions, as a majority of the respondents reported poor school performance.

I could not focus in class; my marks dropped, but luckily I did not fail. [Age 15]

My school performance was bad because I was thinking about it all the time, and I did not want any man near me. [Age 17]

My marks fell drastically, and I failed my tests because of poor concentration in class. [Age 16]

I struggled with my schoolwork, as I could not concentrate in class. I would be very scared to go out of my house to school. I would rather be absent at school. [Age 14]

Legal processes. The researcher wanted to know if the respondents know about the legal processes that are expected from the victims of sexual abuse. The participants mentioned that they were knowledgeable about the procedures to be followed when sexually assaulted. However, their narratives were more focused on avoidance.

Yes, I do know of legal processes, but I do not want my boyfriend to go to prison. [Age16]

I know that I can have my cousin's brother arrested and sent to prison; however, if I told anyone about the abuse, it would tear my family apart. I don't want to be the cause of that. [Age 18]

An element of assertiveness also emerged from one of the participants who said that there should be evidence that rape took place. "Yes, I do know of the legal processes. When one has been raped, they have to report it to the police and not shower after the rape" [Age 15].

Finally, one participant mentioned her sister supported her to place a charge after being raped by one of their neighbors. "I am aware of legal processes. I was helped by the police. This is after my elder sister accompanied me" [Age 16].

Discussion of Findings

From the findings it is clear that adolescent females are not always safe in the presence of their parents or male relatives as the respondents reported incidents of incest and neglect. There are many possible explanations for why young women experience sexual abuse. According to the feminist perspective, Hooper and Humphreys (1998) found that when sexual abuse occurs within the family, it could be a reflection of male-dominance. Vetten (2014) reported that in South Africa, father-daughter incest is reported to be the most common, followed by brother-sister incest. Scanlon and Muddell (2009) advocated that the cultural norms and stigma regarding public testimony should be addressed for the safety and psychological well-being of the victims, because in the long run they ruminate, feel regret, and fail to cope with what happened to them. It could be that not reporting sexual abuse is due to the social construction of rape in many societies that is

deeply rooted in culture and has resulted in women being submissive. Additionally, according to the Medical Research Council (2011), 15% of female adolescents in the Western Cape reported that one or both of their parents were too drunk to care for them, hence they were sexually abused.

When addressing the impact that the dysfunctional family has on adolescent females' psychological well-being, respondents expressed that poor communication that prevails in the family has led them to suppress their ordeals, since they know that their parents might not believe them. Additionally, adolescent females confirmed that they were sexually abused due to substance abuse and peer influence regarding substance use, resulting in them experiencing flashbacks, insomnia (lack of sleep) and performing poorly academically. In particular, one participant (age 18) mentioned that she kept the rape ordeal to herself because she did not want to see her family in quandary. This is the same participant whose mother drinks alcohol, leaving her children unsupervised and failing to communicate about sexual matters.

Surprisingly, none of the participants mentioned condom-use in their interviews. This implies that due to impaired reasoning ability there is likelihood of contracting sexually transmitted infections (e.g., syphilis, Chlamydia) including HIV/AIDS, experiencing unwanted pregnancy, blackout amnesia and/or brutal killings. Furthermore, it is evident that this group of youth demonstrated a weak locus of control, which is one of the characteristics of poor psychological well-being. Feldman and Brown (2013) cautioned that a failure to share a close connection with adolescents often heightens the influence of peers on sexual activity.

Conversely, Berglas et al. (2003) found that Limpopo adolescent females whose parents conveyed clear values and attitudes towards delaying sex were less likely to have intercourse at an early age as compared to their counterparts reared in households marked by dysfunctionality. On the other hand, Pereda, Guilera, Forns and Gomez- Benito (2009) and UNICEF (2014) found that in sub-Saharan countries than in many parts of the world, sexual abuse has been associated with dropping out of school. Lazarus and Folkman's (1984) psychological theories of stress and coping emphasized that when stress seems to be

overwhelming for the sexually abused, the chances of resorting to risky sexual behavior are inevitable. According to Reddy (2013), the psychoactive effects of alcohol and drug use increase sexual arousal and desire, decrease inhibition and apprehension, diminish decision-making capacity, judgement and sense of responsibility; hence the young women do not resist sexual advances made to them by men when they are under the influence of drugs and/or alcohol. From the narratives, it was clear that some of the participants attend taverns and disregard the danger of being kidnapped, gang-raped or killed.

Furthermore, the majority of the respondents showed low levels of sense of purpose and assertiveness when asked to describe preventative measures taken against the perpetrators. It was clear that the adolescents experienced depression, never received any professional counseling, and adopted avoidant personality styles in response to their sexual abuse experiences. What struck the researcher is that, although the participants are aware of legal steps to take to claim their constitutional rights of living securely and protected, they do not want make charges of sexual abuse.

This finding is in line with the National Institute for Crime Prevention and Rehabilitation (NICRO)(2013), which revealed that only one in 20 rape cases is reported to the SAPS. This may be the result of female adolescents being unaware of legal procedures and processes that they can undertake once they have experienced sexual abuse. On one hand, this reminds one of the Emerson's (1976) social exchange theory, which posits that women tend to maintain relationships which benefit them financially, regardless how abusive they may be. Could there be possibilities that some of the participants may face financial hardships if they report their abusers? Or, are there other reasons for their behavior, like those named in an earlier narrative, where the young woman stated she did not want to put her family through the hardships that would follow her sharing what had happened to her? Clearly, there are many conflicting needs in these situations that the young women need to consider when deciding whether or not to report the assaults they have experienced. If they are indeed already suffering from a weak locus of control, as suggested above, as well as dealing with families who are not available to discuss issues of sexuality with them,

navigating the additional stresses of dealing with the criminal justice system may feel too difficult, on top of the distress they are already experiencing.

Conclusion

In conclusion, sexual abuse of adolescent females is a major public health concern, and a failure to address it may contribute towards future mothers who languish, as the role played by parents in ensuring that young people are equipped with sexuality communication skills remains questionable. Furthermore, adolescent females do not report the atrocities brought by their relatives, sexual partners, and fathers. Considering social exchange theory, it may be possible that some of the participants live with their sexual partners or have no parental support on which to rely. Based on what the participants shared in their interviews, one way to assist young women is to have their parents be educated to have open conversations concerning sexuality in order curb the number of rape casualties the young women experience. At the governmental level, the district officials should organize workshops through collaboration of various departments (e.g., Education, Social Welfare, Health, NGOs and Police Services) to identify learners whose school performance is poor and who display symptoms of emotional and physical abuse. Furthermore, if it is found that adolescents are being raised in drug-friendly family settings, social workers should be alerted to intervene and foster psychological well-being in these young women and to aid in foster care placement if necessary. Most importantly, to curb child sexual abuse, a policy of mandatory arrests for perpetrators should be instituted. Finally, there should be advocacy for voluntary HIV testing, as well as counseling from church leaders, so that adolescent females who have been infected may begin antiretroviral treatment for longevity.

Acknowledgements: This research was financially supported by Govan Mbeki Research Development Centre and made possible by adolescent females attending a secondary school in Alice, who participated in this study.

References

- Austin, T, Bezuidenhout, C, Botha, K, Du Plessis, E, Du Plessis, L, Jodaan, E, Lake, M, Moletsane, M, Nel, J, Pillay, B, Ure, G, Visser, C, Von Krosigk, B, Vorster, A. (2012). *Abnormal psychology: A South African perspective*. Cape Town: Oxford University Press.
- Berglas, N., Brindis, C., & Cohen, J. (2003). *Adolescent pregnancy & child bearing in California*. Sacramento, CA: California Research Bureau.
- Blum, R, W., & Rinehart, P. M. (1997). *Reducing the risk: Connections that make a difference in the lives of youth*. Center for Adolescent Health & Development. Minneapolis, MN: University of Minnesota. Retrieved from <https://www.pediatrics.umn.edu/sites/pediatrics.umn.edu/files/reducing-the-risk.pdf>
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.
- Collishaw, S. A., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse and Neglect*, 31(3), 211–229.
- Comer, R. J. (2013). *Abnormal psychology* (8th ed.). New York: Worth.
- Cox., M. (2014). Maternal demandingness and responsiveness as predictors of adolescent Abstinence. *Abstinence Journal of Paediatric Nursing*, 22, 197–205.
- De Vos, A. S., Delport, C. S. L., Fouché, C. B., & Strydom, H. (2011). *Research at grass roots: A primer for the social science and human professions*. Pretoria: Van Schaik Publishers.
- Donald, D., Lazarus, S. & Moolla, N. (2014). *Educational psychology in social context: Ecosystemic application in Southern Africa* (5th ed.). Cape Town: Oxford University Press.
- Emerson, R. M. (1976). Social exchange theory. *Annual Review of Sociology*, 2, 335–362.
- Engler, B. (2014). *Personality theories*. (9th ed.). Belmont, CA: Wadsworth Cengage Learning.
- Feldman, S., & Brown, S. (2013). Family influences on adolescent female sexuality: The mediational role of self-restraint. *Social Development*, 2, 15–35.
- Finfgeld-Connett, D. (2010). Generalizability and transferability of meta-synthesis research findings. *Journals on Health and Medicine*, 66(2) 246–254.
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology Journal*, 29, 75–91.
- Holborn, L., & Eddy G. (2011). *Healing the South African family*. South African Institute of Race Relations. Johannesburg: Kagiso Trust.

- Hooper, C. A., & Humphreys, C. (1998). Women whose children have been sexually abused: Reflections on a debate. *British Journal of Social Work*, 28(4), 565–580.
- Houghton C, Casey, D, Shaw, D., & Murphy, K. (2013). Rigor in qualitative case study research. *Nurse Researcher*, 20(4), 12-17.
- Human Sciences Research Council. (2010). *Tsireledzani: Understanding the dimensions of human trafficking in southern Africa*. Pretoria: HSRC.
- Ismail, G., Taliep, N., & Suffla, S. (2012). *Child maltreatment prevention through positive parenting practice* [information sheet]. Pretoria: University of South Africa. Retrieved from <http://www.mrc.ac.za/crime/ChildMaltreatmentInformationSheet.pdf>
- Johnson-Russell, J., & Bailey, C. (2010). Facilitated debriefing. In W. M. Nehring & F. R. Lashley (Eds.), *High-fidelity patient simulation in nursing education* (pp. 369–385). Boston, MA: Jones and Bartlett.
- Jones, S. L., & Butman, R. E. (2011). *Modern psychotherapies: A comprehensive Christian appraisal* (2nd ed.). Downers Grove, IL: InterVarsity Press.
- Kheswa, J. G., & Mahlalela, V. Z. (2014). Sexual promiscuity among African adolescent females in Sub-Saharan countries. *Mediterranean Journal of Social Sciences*, 5, 879–890.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, 45(3), 214–222.
- Lazarus, R. S., & Folkman, S. (1984). *Stress appraisal and coping*. New York: Springer.
- Marlow, C. R., & Boone, S. (2011). *Research methods for generalist social work* (4th ed.). Belmont, CA: Brooks/Cole.
- Medical Research Council. (2011). *Drugs and violence against women and children: Research findings and policy implications*. Cape Town: SAMRC.
- Meinck, F., Cluver, L. D., Boyes, M. E., & Mhlongo, E. L. (2015). Risk and protective factors for physical and sexual abuse of children and adolescents in Africa: A review and implications for practice. *Trauma, Violence, & Abuse*, 16(1), 81–107.
- Mitchell, K. J., Ybarra, M. L., & Korchmaros, J. D. (2014). Sexual harassment among adolescents of different sexual orientations and gender identities. *Child Abuse & Neglect*, 38(2), 280–295.
- National Institute for Crime Prevention and the Reintegration of Offenders (NICRO). (2013). *Statement by the National Institute for Crime prevention and the Reintegration of Offenders, expresses exasperation about brutal rape and murder of Western Cape teenager*. Polity.org.za. Retrieved from <http://www.polity.org.za>.
- Pecukonis, E. V. (2009). Physical self-efficacy and alexithymia in women with chronic intractable back pain. *Pain Management Nursing*, 10(30), 116–123.

- Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, 29(4), 328–338. <http://dx.doi.org/10.1016/j.cpr.2009.02.007>
- Postmus, J. L. (2012). *Sexual violence and abuse: An encyclopedia of prevention, impacts, and recovery*. Santa Barbara, CA: ABC-CLIO.
- Reddy, S. P. (2013). *Umthenthe Uhlaba Usamila. The South African National Youth Risk Behaviour Survey*. Cape Town: Medical Research Council.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719.
- Scanlon, H., & Muddell, K. (2009). Gender and transitional justice in Africa: Progress and prospects. *African Journal on Conflict Resolution*, 9(2) [online]. Retrieved from <https://www.ajol.info/index.php/ajcr/article/view/52170>
- Sharma, S. (2014). Understanding emotion regulation and child abuse in adolescence. *International Journal of Innovation and Applied Studies*, 6(3), 580–589.
- Sigurdardottir, S., Halldorsdottir, S., & Bender, S. S. (2013). Consequences of childhood sexual abuse for health and well-being: Gender similarities and differences. *Scandinavian Journal of Public Health*, 42(3), 278–286. doi: 10.1177/1403494813514645
- South African Police Services. (2011). *Crime report 2010/2011: South African Police Services*. Retrieved from <http://pmg-assets.s3-website-eu-west-1.amazonaws.com/docs/110908crimestats2011.pdf>
- Swartz, L., De la Rey, C., Duncan, N. & Townsend, S. (2013). *An introduction to psychology* (4th ed.). Cape Town: Oxford University Press.
- Ungar, M., Liebenberg, L., Dudding, P., Armstrong, M., & Van de Vijver, F. J. (2013). Patterns of service use, individual and contextual risk factors, and resilience among adolescents using multiple psychosocial services. *Child Abuse & Neglect*, 37(2), 150–159.
- UNICEF. (2014). *Hidden in plain sight: A statistical analysis of violence against children*. New York: UNICEF
- Vetten. L. (2014). *Rape and other forms of sexual violence in South Africa* [Policy Brief 72]. Institute for Security Studies. Retrieved from <https://issafrica.s3.amazonaws.com/site/uploads/PolBrief72.pdf>
- Vis, S. A., Handegård, B. H., Holtan, A., Fossum, S., & Thørnblad, R. (2014). Social functioning and mental health among children who have been living in kinship and non-kinship foster care: Results from an 8-year follow-up with a Norwegian sample. *Child & Family Social Work*, 21(4), 557–567.
- Welman, C., Kruger, F., & Mitchell, B. (2015). *Research methodology* (3rd ed.). Cape Town: Oxford University Press.

- Wissing M. P., & Temane, Q. M. (2008). The structure of psychological well-being in cultural context: Towards a hierarchical model of psychological health. *Journal of Psychology in Africa*, 18(1), 45–56.
- World Health Organization. (2010). *Report on violence and health in Africa*. Brazzaville: World Health Organization, Regional Office for Africa.